



The Massachusetts Eye and Ear Infirmary Community Benefits Report and Plan

Fiscal Year 2013

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Massachusetts Eye and Ear Mass. Eye and Ear
Community Benefits Report and Plan

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**Massachusetts Eye and Ear Infirmary
Community Benefits Report and Plan, Fiscal Year 2013**

I. Introduction

A. Background

The Massachusetts Eye and Ear Infirmary (Mass. Eye and Ear) is a specialty hospital dedicated to excellence in the care of disorders that affect the eye, ear, nose, throat, and adjacent regions of the head and neck. Mass. Eye and Ear also provides primary care and serves as a referral center for outpatient and inpatient medical and surgical care. In conjunction with Harvard Medical School, Mass. Eye and Ear is committed to the education of future health care professionals, as well as the education of the public concerning the prevention, diagnosis, and treatment of the diseases in its specialties and concerning the rehabilitation of patients handicapped by these diseases. In order to provide the highest quality of contemporary care and even better care in the future, Mass. Eye and Ear conducts laboratory and clinical research in its areas of specialty. Mass. Eye and Ear recognizes its obligation to serve as a source of excellence in patient care, teaching, and research in Massachusetts, the United States, and the world.

Historically, Mass. Eye and Ear has demonstrated its commitment to serving disadvantaged populations through its community benefit and community service programs. In FY2010, while continuing these programs, Mass. Eye and Ear underwent an assessment and planning process to focus institutional resources and partnerships on a three-year plan in accordance with the Attorney General's new community benefits guidelines. That plan was submitted and approved in April 2010.

In anticipation of the expiration of the FY2010 plan, in late fall of 2012 Mass. Eye and Ear embarked on a process to re-assess its community benefits work and to plan for the next three-year period. While much of the community benefits programming is ongoing and will remain largely unchanged, there is a new area of focus in the current plan. In December of 2012, Mass. Eye and Ear opened its new outpatient facility in Boston's Mission Hill neighborhood. Following a needs assessment in Mission Hill, new services have been added to our community benefits plan to meet the identified needs of Mission Hill residents.

Like the community benefit plans of other hospitals across the Commonwealth, the Mass. Eye and Ear plan focuses on populations that face greater obstacles to care than the general public and/or are disproportionately affected by conditions that affect their daily functioning and quality of life. However, the Mass. Eye and Ear plan builds upon our institutional expertise, services, and partnerships which are, due to our clinical focus on the eye, ear, nose, throat, and adjacent regions of the head and neck, distinctly different than those of general hospitals across Massachusetts. Our community benefits plan is designed to improve the vision, hearing, and other conditions of the nose, throat, head and neck among vulnerable populations in our service area.

This document describes in detail the community benefits mission; our assessment and planning processes; target communities and populations; objectives and annual target outcomes; partnerships and strategies designed to achieve our objectives; the Attorney General's categories addressed by each strategy, and; the resources expended to support each strategy. The report concludes with a description of the progress made in relation to our annual targets and our plans for improvement moving forward.

Mass. Eye and Ear's Community Benefits Committee is comprised of 16 members, including providers, staff and managers from various clinical and administrative departments within Mass. Eye and Ear and from among our partners in community agencies (see list in Appendix A). A smaller working group was assembled to drive the assessment and planning processes and to engage members of the larger Community Benefits Committee at key junctures in the assessment and planning phases to review/affirm the mission statement, review and comment on assessment findings and conclusions of the working group, to provide input about unmet needs and targets, and review and approve the community benefits plan. The Committee also authorized the inclusion of Mission Hill specifically in the needs assessment in recognition of Mass. Eye and Ear's commitment to serving this neighborhood in the coming years. Within the Public Affairs Office, .775 FTE across four staff, including the Vice President for Communications, is devoted to Community Benefits activities. These staff members are responsible for coordination of the Community Benefits Committee and working directly with internal and external partners to ensure smooth implementation of and data tracking for all community benefits activities.

B. The Community Benefits Mission Statement

As part of this year's community benefits planning process, the Community Benefits Committee reaffirmed our Community Benefits Mission Statement, which is:

Be it resolved:

- *That the Massachusetts Eye and Ear Mass. Eye and Ear hereby reaffirms its commitment to serve the identified health care needs of its constituent communities/patient populations ("the designated community").*
- *That designated community is further defined for this purpose as residents of the Greater Boston area with, or at risk of, disorders of vision, hearing, voice or speech, with a special emphasis on underserved populations.*
- *That such a commitment is recognized as an integral part of the mission of Mass. Eye and Ear.*
- *That efforts to fulfill this commitment will build upon traditional partnerships between Mass. Eye and Ear and the designated community, recognizing the value of such collaboration.*
- *That Mass. Eye and Ear will develop, implement, and update as necessary a formal plan for fulfilling this commitment, which plan will include allocation of appropriate resources to address identified health care needs of the designated community.*

The Mass. Eye and Ear Community Benefits Mission statement is posted publicly on the hospital's website and as part of the annual report submitted to the Attorney General's Office.

II. The Community Assessment Process and Findings

Mass. Eye and Ear engaged the services of consultants Hope Kenefick, MSW, PhD, and Dawn Baxter, MBA, to work closely with the Community Benefits (CB) Working Group throughout the assessment and planning processes, which took place during the fall 2012/winter 2013 (Kenefick and Baxter had worked with Mass. Eye and Ear on its 2010 plan as well.). During the assessment and planning processes, the CB Working Group met regularly and engaged the full committee as needed for progress updates and input. After the plan was developed and approved, meetings decreased in frequency and the groups met on an as-needed basis.

For most Massachusetts hospitals, community-level data available through the Massachusetts Department of Public Health and Boston Public Health Commission are useful in understanding the specific health needs of communities and those in which disparities exist. These data are typically used to select vulnerable communities and populations and to target services to address particular health issues and disparities. Because neither the Boston Public Health Commission nor the Massachusetts Department of Public Health collect and report data on vision, hearing and other head and neck conditions in Massachusetts communities, Mass. Eye and Ear’s Community Benefits Committee had to rely on its own patient data, Census data, and guidance from the Centers for Disease Control and Prevention to define its target communities and populations and to formulate objectives for its community benefits plan.

Step 1. Identify Mass. Eye and Ear’s target area and populations for its Community Benefits Plan

The assessment to inform the next Mass. Eye and Ear Community Benefit Plans began with analysis of 12 months of patient data (April 1, 2011 through March 31, 2012) to better understand the population served. Patients from outside of Massachusetts were excluded from analyses, leaving a representative sample of 65,429 patients. Below, observations about patients’ sex, race/ethnicity, age, socio-economic status, and their geographic locations are provided. These data were used to guide the selection of communities and/or populations of focus.

Sex: Over half (53.4%) of patients included in the data set are female.

Race/ethnicity: Roughly 75% of patients in the sample elected to provide data about their race and ethnicity at the time of registration at the hospital. Figure 1 below shows the racial/ethnic breakdown of patients in the data set, the majority of whom (60.2%) are White.

Figure 1. Race/ethnicity of Mass. Eye and Ear patients

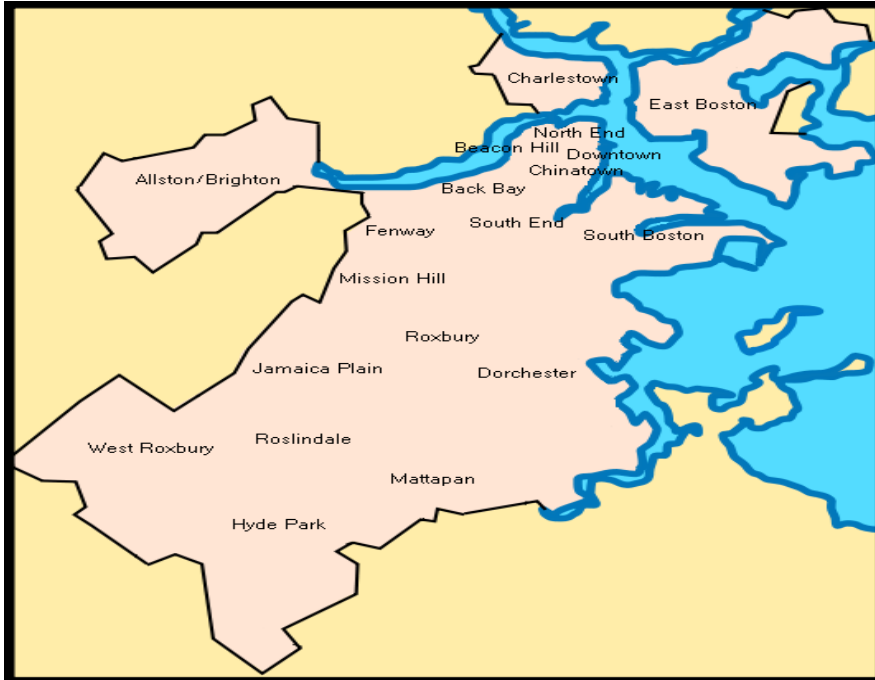
American Indian/Alaska Native	125	0.2%
Asian	2196	3.4%
Black/African American	4684	7.2%
Hispanic	1090	1.7%
Pacific Islander	25	<1%
White	39392	60.2%
Other	1148	1.7%
Unknown	16769	25.6%
	65429	100.0%

Because there is so much missing information about race/ethnicity, the data were not particularly useful in identifying vulnerable populations.

Geography: Note that within data set, some patients were listed as living in Boston with no specified neighborhood, whereas others were listed as living in one of Boston’s 21 neighborhoods (See Figure 2). In fact, data were available for 11 of the 21 neighborhoods. Rather than roll the data for the 11 neighborhoods into the Boston numbers, the consultants kept the data separate to understand which neighborhoods have significant numbers of Mass. Eye and Ear patients. However, it should be noted that the actual numbers associated with those neighborhoods should be higher, as some patients living

in those neighborhoods are simply classified as living in Boston. Other neighborhoods of Boston may also be home to large numbers of Mass. Eye and Ear patients but, because they are not broken out, we do not know how many patients reside in those neighborhoods.

Figure 2. Neighborhoods of Boston (except Bay Village and West End)



Of the 65,429 Massachusetts patients in the data set, nearly 30% live in Boston and nearly half (49.2%) live in communities inside Route 128 (including Boston). The vast majority (82.8%) of patients are from communities inside of Route 495 (See Figure 3).

Figure 3. Percent of Mass. Eye and Ear patients living in geographic areas of Massachusetts

Boston/Boston neighborhoods	29.5%	Outside 495 – Central	6.6%
Within 128 (except Boston)	19.7%	Outside 495 – North	4.5%
North Shore	3.2%	Western MA	5.1%
Inside 495 (beyond 128)	30.4%	Cape/Islands	<1%

To identify population centers, the consultants looked for the communities/neighborhoods in which the largest numbers of Mass. Eye and Ear patients live. Figure 4 shows the 15 communities/neighborhoods that are home to the largest numbers of Mass. Eye and Ear patients. Nearly half (49.9%) live in these 15 communities.

Figure 4. 15 Massachusetts communities/neighborhoods with highest proportion of Mass. Eye and Ear patients

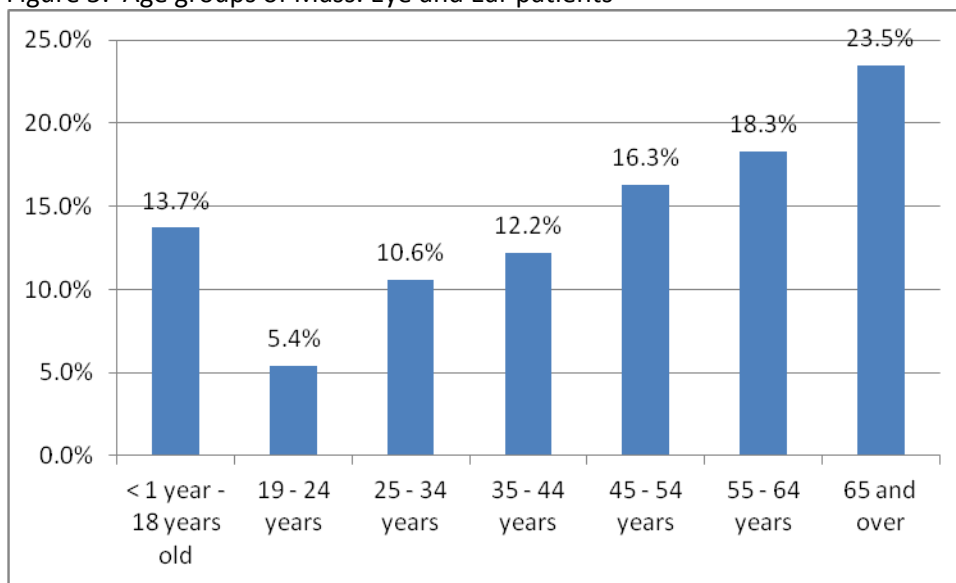
Community	#	%	Geo. Area	Community	#	%	Geo. Area
Boston*	12575	19.2%	Boston	Cambridge	4037	6.2%	within 128
Jamaica Plain	1007	1.5%	Boston	Lynn	3941	6.0%	within 128
West Roxbury	817	1.2%	Boston	Wakefield	911	1.4%	within 128
Roslindale	789	1.2%	Boston	Woburn	933	1.4%	within 128
Hyde Park	780	1.2%	Boston	Reading/N.Reading	1180	1.8%	inside 495
Allston/Brighton	1414	2.2%	Boston	Andover/N.Andover	1356	2.1%	inside 495
Charlestown	1188	1.8%	Boston	Framingham	941	1.4%	inside 495
				Worcester	752	1.1%	outside 495

*Boston = patients living in Boston whose neighborhoods are not specified in the dataset

Age: The Massachusetts Attorney General is interested in having the hospital community benefits plans target vulnerable populations. The Mass. Eye and Ear has clinical expertise in serving elders and children, potentially vulnerable populations selected by the Community Benefits Steering Committee as priority populations for Mass. Eye and Ear's Community Benefits Plan because of the impact of hearing/vision impairment on children's development and hearing/vision impairment and balance issues on the health and safety of elders.

The mean age of Mass. Eye and Ear patients is 46.81 years, with a range of less than one year of age to 106 years of age. Patients aged 65 and over make up 23.5% of those seen during the selected timeframe, whereas those 18 or younger constitute 13.7% of the population. Figure 5 below shows the proportion of patients in various age groups.

Figure 5. Age groups of Mass. Eye and Ear patients



Ten communities are home to the largest number of the Mass. Eye and Ear's senior (65 years and older) population. These ten communities are home to 34% of the Mass. Eye and Ear's seniors (See Figure 6).

Figure 6. Top ten communities/neighborhoods home to 65+

Boston*	1820	11.8%
Cambridge	1015	6.6%
Dorchester*	540	3.5%
Lynn	386	2.5%
Brighton*	298	1.9%
Framingham	261	1.7%
Jamaica Plain*	238	1.5%
Peabody	237	1.5%
Saugus	227	1.5%
Woburn	227	1.5%
	5249	34.0%

*Boston = patients living in Boston whose neighborhoods are not specified in the dataset

**Number associated with this Boston neighborhood may not be a complete count of Mass. Eye and Ear patients living here

Ten communities are home to the largest numbers of Mass. Eye and Ear patients who are less than 1 year of age through age 18 (See Figure 7). Nearly 30% of the children served by the Mass. Eye and Ear during the designated time period live in these ten communities.

Figure 7. Top ten communities/neighborhoods home to <1 – 18 years old

Boston*	883	9.9%
Lynn	370	4.1%
Cambridge	350	3.9%
Saugus	192	2.1%
Charlestown**	175	2.0%
Woburn	169	1.9%
Haverhill	143	1.6%
Andover	141	1.6%
Dorchester**	131	1.4%
Reading	129	1.4%
	2683	29.9%

*Boston = patients living in Boston whose neighborhoods are not specified in the dataset

**Number associated with this Boston neighborhood may not be a complete count of Mass. Eye and Ear patients living here

Socio-economic status: Socio-economic (SES) is another variable associated with vulnerable populations. Patients' health insurance can be used as a proxy for SES because there are income eligibility requirements in place for public payers that allow us to make assumptions about which patients are low income. It is important to note that the number of low-income patients served by the Mass. Eye and Ear is likely much higher. It is not possible to know how many MassHealth patients, for example, are insured through a commercial carrier with a managed care contract with MassHealth. Additionally, it is not possible to know which portion of the seniors using Medicare products to pay for the services they receive at the Mass. Eye and Ear are low-income and which are not. Although an

imperfect method for determining the SES of patients, these are the best data available for this purpose. Using payer as proxy, it appears that just over 11% of the Mass. Eye and Ear’s patients are low-income (See Figure8).

Figure 8. Mass. Eye and Ear patients with public payers (proxy for low SES)

MassHealth	3672	7.1%
Health Safety Net	796	1.2%
Medicaid	287	0.4%
BMC Health Net	143	0.2%
Network Health	1493	2.3%
	6391	11.2%

The average age of these low-income patients is 37 with a range of less than one year of age to 96 years of age. It is important to note that the vast majority of seniors (65+) are excluded from the analyses because most seniors use Medicare products to pay for their care. Ten communities are home to the largest numbers of Mass. Eye and Ear patients who have low SES (See Figure 9). Nearly 50% of the patients with low SES live in these ten communities.

Figure 9. Top ten communities/neighborhoods home to patients with low SES

Boston*	1102	17.2%
Lynn	504	7.9%
Cambridge	440	6.9%
Dorchester**	248	3.8%
Lawrence	198	3.1%
Charlestown**	160	2.5%
East Boston**	163	2.2%
Saugus	129	2.0%
Lowell	127	2.0%
Worcester	123	1.9%
	3194	49.5%

*Boston = patients living in Boston whose neighborhoods are not specified in the dataset

**Number associated with this Boston neighborhood may not be a complete count of Mass. Eye and Ear patients living here

Mass. Eye and Ear serves a population with a large age range, including significant senior (65+) and pediatric (less than one year through age 18) populations. Using patient payer as a proxy for SES, at least 11.2% of the patients have low SES. Nearly half of the Mass. Eye and Ear’s patients live in communities within Route 128, including Boston and select neighborhoods. Eleven of the 15 communities that are home to the largest concentration of Mass. Eye and Ear patients are within this geographic area.

Figure 10 below shows the overlap in the top communities for the general population of patients seen during the designated timeframe and the vulnerable populations. Three are among the top communities for the overall population and elders, children and those with low-SES: Boston, Cambridge and Lynn. Two others (Dorchester *and Saugus) are among the top ten for all three vulnerable groups.

It may be possible to maximize resources for addressing the needs of patients overall and among the vulnerable populations by concentrating efforts in communities/neighborhoods within 128, especially those where such overlaps exist.

Figure10. Overlap of communities in which the greatest concentration of Mass. Eye and Ear patients live

	Overall	Elders (65+)	Children (0-18)	Low SES	Geographic area
Overlap across all four groups					
Boston*	x	x	x	x	Boston/Neighborhoods
Cambridge	x	x	x	x	within 128
Lynn	x	x	x	x	within 128
Overlap across three groups					
Dorchester**		x	x	x	Boston/Neighborhoods
Saugus		x	x	x	inside 495
Woburn	x	x	x		within 128
Charlestown**	x		x	x	Boston/Neighborhoods
Overlap across two groups					
Allston/Brighton**	x	x			Boston/Neighborhoods
Jamaica Plain**	x	x			Boston/Neighborhoods
Framingham	x	x			inside 495
Andover/N. Andover	x		x		inside 495
Reading/N. Reading	x		x		inside 495
Haverhill			x		inside 495
Worcester	x			x	outside 495
No overlap across groups					
Peabody		x			within 128
Wakefield	x				within 128
West Roxbury**	x				Boston/Neighborhoods
Roslindale**	x				Boston/Neighborhoods
Hyde Park	x				Boston/Neighborhoods
Lawrence				x	outside 495
East Boston**				x	Boston/Neighborhoods
Lowell				x	outside 495

*Boston = patients living in Boston whose neighborhoods are not specified in the dataset

**Number associated with this Boston neighborhood may not be a complete count of Mass. Eye and Ear patients living here

A 2010 Census map produced by the Boston Globe and available on-line¹ shows that the largest concentration of people of color in Massachusetts is in the Metro Boston area. A similar 2010 Census map² shows that, although Metro Boston is home to some of the Commonwealth's wealthiest

¹ Map available at

http://www.boston.com/news/local/massachusetts/graphics/03_22_11_2010_census_town_population/

² http://upload.wikimedia.org/wikipedia/commons/7/7e/Towns_income_per_capita_in_MA.jpg

communities, it is also home to some of the lowest income communities. A third map³ created by the Gerontology Institute at the McCormack Graduate School of Policy and Global Studies at the University of Massachusetts Boston shows that the population of seniors living within the Metro Boston area exceeds the statewide average. According to the 2010 Census, 13.8% of Massachusetts residents are aged 65 and older. Within the majority of Metro Boston communities, seniors comprise between 15.1% and 20% of the city/town populations.

Conclusions: Based on the most recent Census data and Mass Eye and Ear's own patient data, the Community Benefits Committee concluded that, although Mass. Eye and Ear cares for patients from all over the Commonwealth, the hospital's primary service area includes the communities in the Metro-Boston area (within the Route 128 belt). Analyses also showed that large numbers of vulnerable (i.e., children, elderly and low-income) patients reside within the Metro-Boston/128 area. The Committee further concluded that, given the number of low income communities and proportion of people of color residing within its primary service area, members of Mass Eye and Ear's target population are very likely to experience barriers to care related to diversity (e.g., language) and socio-economic factors. Because of the factors that make children, seniors and low-income individuals particularly vulnerable, these groups will be prioritized within the community benefits plan. Although the plan should not exclude those living outside the Metro-Boston area, it should emphasize services for those living within it because residents are so likely to experience barriers to care. Mass. Eye and Ear should build upon a solid foundation of outreach and service provision to Metro-Boston communities and include strategies for improving access to care in the community benefits plan.

Step 2. Assess unmet needs in Metro Boston and among the target populations

The CB Working Group, other members of the Community Benefits Committee, other providers and staff at Mass. Eye and Ear, and external partners at organizations serving the target populations and communities worked together to understand the unmet needs that, as an institution, Mass. Eye and Ear is uniquely positioned to address because of its clinical services and expertise. Through on-going dialog and conversations over the summer and fall of 2012, the CB Working Group led the process to identify the resource needs. The needs are consistent with those identified in the 2010 community benefits plan.

- To extend vision screening and hearing examinations and follow up care to individuals who have no or very limited access to such services.
- For reconstructive surgical services for survivors of domestic violence who experienced physical injuries to the head and/or neck as a result of abuse.
- For education, screening and support for head and neck cancers.
- For education and support related to facial paralysis and conditions that affect smell and taste.
- For resources to improve access to care for members of the target communities who would benefit from Mass. Eye and Ear services but who are unable to get the care they need due to linguistic or financial issues, lack of transportation, or a lack of knowledge about their conditions and the services to address them.
- For financial support of community-based non-profits engaged in unique and high quality work to address vision, hearing or other concerns of the head and neck in the target communities and/or among the target populations.

³ Map available at http://cdn.umb.edu/images/Older_Massachusettsian_2012final.pdf

With growth in the senior population, the increase in poverty over the last several years, and the small number of institutions offering the clinical expertise and services available at Mass Eye and Ear within Metro Boston, the Community Benefits Committee concluded that the needs are likely to persist for many years to come.

Some of the identified needs (i.e., those related to awareness and education) affect large numbers of people in the target area. Others affect smaller groups of people, either because pockets of people experience impeded access to services that are otherwise generally available or because a clinical condition is rare and the resources to address it are extremely limited.

Conclusion: The Community Benefits Committee concluded that the unmet needs identified during the Metro Boston assessment were aligned with the capabilities of Mass. Eye and Ear and its community partners and should be used to formulate goals for Mass. Eye and Ear's community benefits plan.

Step 3. Assess needs in Mission Hill

As noted earlier, Mass. Eye and Ear decided to broaden its community benefits work to provide targeted programming in Mission Hill, the neighborhood in which its new out-patient facility is located. Mission Hill is one square mile, three-quarters of which is residential. The other quarter is comprised of the Longwood Medical Area.

According a report based on 2010 Census data⁴, Mission Hill is home to 16,305 residents, 19.7% of whom are Hispanic/Latino. Just less than 46% of the population is a race other than White. Roughly 21% of the Mission Hill population is 19 years of age or younger and 9.1% is 65 years of age or older.

An American Community Survey (2005-2009) Estimate Report⁵ estimates that 3,711 or 28.1% of Mission Hill residents were born outside of the U.S. and that 48.5% of those are not currently U.S. citizens. Just over 44% of residents speak a language other than or in addition to English. Of those who speak a language other than English, 33.2% are linguistically isolated because they speak little or no English. In 2009, an estimated 19.3% of Mission Hill residents earned less than \$10,000 a year. More than half (53.6%) earned less than \$40,000 per year. In contrast, 12.6% earned \$100,000 or more in the same 12 months.

According to the 2010 Census, of the 6,332 occupied housing units in Mission Hill, only 11.4% are owner-occupied and 33.6% are occupied by families. Several hundred housing units in Mission Hill are owned and rented by the Boston Housing Authority. Seniors (65+) reside in 17.8% of Mission Hill households while children under the age of 18 are in 16.9% of households. Mission Hill is home to more than 20 health care, research and academic institutions.

Mission Hill is a small but diverse community. Although, home to some of the City's largest employers and several hundred middle and upper income residents, Mission Hill is primarily a neighborhood of lower-income families. Seniors and children make up roughly 30% of the Mission Hill population.

⁴ U.S. Census Summary File 1 Data 2010 Mission Hill Neighborhood (Nov. 2011) Prepared by the Boston Redevelopment Authority Research Division.

⁵ Prepared by the Boston Redevelopment Authority Research Division in June (2011)

To learn about Mass. Eye and Ear’s patients who reside in Mission Hill, the consultants analyzed data from the larger data set for patients whose zip code is 02120 (the zip code for Mission Hill). During the timeframe from which patient data were drawn, Mass. Eye and Ear cared for 263 patients who live in Mission Hill (1.6% of the Mission Hill population). With the new facility in Mission Hill and a concentrated effort to provide services to the neighborhood through its community benefits programming, we expect that number to rise over the next three years. Figure 11 shows the demographics of Mass Eye and Ear's patients who live in Mission Hill.

Figure 11. Demographics of Mass. Eye and Ear Mission Hill patients		02120 n=263
Age		
Mean		41.29
Range		0 -92
0 - 18 years		19 (7.2%)
19-24		54 (20.5%)
25-35		52 (19.7%)
35-44		25 (9.5%)
45-54		35 (13.3%)
55-64		34 (12.9%)
65+		44 (16.7%)
Sex		
Female		132 (50.2%)
Male		131 (49.8%)
Race/ethnicity		
American Indian/Alaska Native		0 (0.0%)
Asian		22 (8.4%)
Black/African American		59 (22.4%)
Hispanic		14 (5.3%)
White		75 (28.5%)
Other		7 (2.7%)
Not available		86 (32.7%)
SES (using payer as proxy)		
Low SES		47 (17.9%)

After profiling the demographics of the neighborhood, the consultants interviewed Michelle Keenan and John McGonagle, senior managers for community benefits at Brigham and Women’s Hospital (BWH). BWH is located in the Longwood Medical Area, neighboring Mission Hill, and has an extensive community benefits program that involves numerous initiatives in the Mission Hill. Both Ms. Keenan and Mr. McGonagle have significant experience working in Mission Hill and were able to provide an overview of BWH’s experience in the neighborhood. Ms. Keenan and Mr. McGonagle shared a synopsis of findings from their own community benefits needs assessment in Mission Hill.

To gain a better understanding of needs in Mission Hill specifically, the consultants worked with the Mass. Eye and Ear CB Working Group and with Brigham and Women’s Hospital Community Benefits

leaders to identify Mission Hill service providers, advocates and educators positioned to speak to the needs of the community. The consultants then conducted ten in-depth interviews with the identified key informants. Figure 12 shows the key informant interview participants and their organizational affiliations. Among them was Christine Dwyer of the New England Baptist Hospital, which operates a smaller but highly regarded community benefits program targeting Mission Hill. The experiences of the BWH and New England Baptist provided great insights that informed the assessment and planning processes described below.

Figure 12. Individuals and organizations included in Mass. Eye and Ear's key informant interviews to assess needs in Mission Hill

Maggie Cohn, Executive Director, Mission Hill Health Movement	Carmen Pola, Founder, Mission Hill Legacy Project
Maggie Casey, Coordinator, Mission Hill Youth Collaborative	John Jackson, Program Supervisor, Tobin Community Center
Roxanne Haecker, VP, Board of Directors, Roxbury Tenants of Harvard	Richard Rouse, Executive Director, Mission Hill Main Streets
Alexandra Oliver-Davila, Executive Director, Sociedad Latina	Cheryl Watson-Harris, Principal, Maurice J. Tobin School
Pat Flaherty, Senior Project Director, Board of Directors, Mission Hill Neighborhood Housing Services	Christine Dwyer, Director, Public Affairs and Community Relations, New England Baptist Hospital

The interviews yielded important and useful information about neighborhood characteristics, methods for building and sustaining strong relationships in Mission Hill, the needs of the neighborhood, and partnership opportunities. The interview data were analyzed for common and divergent themes, which are summarized below.

Mission Hill was described as a community of high economic need and one in which job creation, job training, and youth employment are high priorities. The key informants described Mission Hill residents as culturally and linguistically diverse with large populations of Hispanic, Chinese, Russian, Somali, and Ethiopian residents. The community is also home to a number of highly dedicated advocates who are deeply committed to working with institutional neighbors to benefit the neighborhood and to resolve issues as they arise. Mass. Eye and Ear is viewed in a positive light and was overwhelmingly welcomed to the neighborhood. All of the key informants expressed a sincere desire to help Mass. Eye and Ear as the hospital becomes familiar with the community and introduces community benefits programs.

Mission Hill residents access routine health care services from many sources, including the local hospital primary care practices, community health centers and hospital emergency rooms. Diabetes was identified as a particular health issue of concern in Mission Hill. The key informants reported that vision and hearing issues are not addressed in a comprehensive manner in the community and that a need for such care exists.

The keys to building and sustaining strongly relationships in the community were described as:

- Being a good and respectful neighbor to those who abut the new Mass. Eye and Ear facility, including having regular dialogue with them.
- Having a presence in Mission Hill by attending events.
- Having a point person/liaison to the neighborhood being responsive as needs or issues arise

- Being inclusive, working to serve the broader community rather than specific organizations within it.
- Taking advantage of opportunities to partner with organizations and advocates in Mission Hill, including Mike Ross, Boston City Councilman, who lives in Mission Hill.

The informants recommended that Mass. Eye and Ear not "spread itself too thin" in its community benefits offerings, instead suggesting that the hospital "do less, but do it well."

The key informants identified a number of needs that are consistent with Mass. Eye and Ear's clinical expertise and community benefits mission, including:

- Vision/hearing screenings for seniors and for children (to complement screenings offered by the Boston Public Schools)
- Follow up care for seniors and children, including free/reduced cost eye glasses and hearing aids
- Educational programs/materials:
 - Seniors: Vision care, especially related to diabetes, balance/falls prevention, head and neck issues
 - Youth: Hearing issues related to portable devices and headphones
 - Teachers: Detecting hearing and vision issues among students and the relationship between hearing and speech.

The interview participants also talked about the need for additional job training/employment opportunities, particularly for youth. Suggestions included summer jobs for youth, paid internships for young people, employment for Mission Hill residents at the Mass. Eye and Ear main campus and the Mission Hill location, and scholarship contributions.

The key informants recommended that Mass. Eye and Ear "piggy back" on existing efforts in Mission Hill to reach the target population for community benefits initiatives, going to the place where youth and seniors already tend to meet (e.g., the Tobin Community Center). They also recommended working with organizations that represent seniors and children from across Mission Hill (e.g., the Legacy Project, the Mission Hill Youth Collaborative) to reach the maximum number of young people and elders in the community.

The organizations in Mission Hill have well-established methods for communicating with one another and with residents about events in the community. Although several use email to communicate with their colleagues in other organizations, most also disseminate flyers in the community to advertise programming to residents. Some also use phone trees and go door to door. Newsletters, calendars, monthly organization meetings, and the local newspaper, the Mission Hill Gazette, are other methods for spreading the word in Mission Hill. All of the key informants offered to help Mass. Eye and Ear publicize its community benefits offerings through their established lines of communication.

Conclusions: Based on the findings from the needs assessment in Mission Hill, the Community Benefits Committee decided that in each of the next three years, the hospital's community benefits strategies in the neighborhood will include the following:

- Working with the Mission Hill Legacy Project, offer free vision screening to at least 25 seniors at its new Longwood Center. *
- Working with the Tobin Community Center, provide a free educational session for youth on hearing loss prevention at the Tobin Community Center location.*

- Working with one of the existing youth employment partners or the Mission Hill Youth Collaborative, provide an internship opportunity to a young person in Mission Hill at the Longwood facility.
- Continue to support the Mission Hill Main Street road race (in the form of an annual \$1,000 sponsorship).
- Participate in the Mission Hill Health Fair that is held in June to provide information on the hospital and prevention and treatment of clinical issues of the head and neck.
- Assist those in need of follow up care, including hearing aids and glasses, to obtain coverage for which they are eligible or to access assistance through the hospital (e.g., charitable care, free/reduce cost eyeglasses or hearing aid programs).

*If in years 2 and 3 of the plan, Mass. Eye and Ear and its community partners determine that something different than the annual vision screening for seniors or hearing education event for youth is needed/preferable, the plan will be edited to reflect such changes. The other community benefits strategies are likely to occur in each of the three years of the plan.

III. The Community Benefits Plan

The CB Working Group used the assessment findings to draft the community benefit plan and engaged other members of the Community Benefits Committee and additional internal and external partners as needed to identify strategies and establish targets for the plan. Once drafted, members of the Community Benefits Committee reviewed the document, provided feedback, and approved the plan. The plan was then reviewed by the hospital's Executive Management Team and given final approval. The plan is posted publicly on the Mass. Eye and Ear website and as part of the annual submission to the Office of the Attorney General; therefore the target populations identified herein are also posted publicly as requested by the Office of the Attorney General.

Per the Attorney General's Community Benefits Guidelines, we have established a three-year plan. Although we do not currently intend to modify the plan, the Community Benefits Committee recognizes that circumstances may arise over the three years of the plan that would warrant a change (e.g., due to increases or reductions in resources, new partnership opportunities, an urgent need that arises among target populations that must be prioritized). Should such circumstances arise, the CB Working Group will review the particular situation and propose an appropriate solution for consideration by the Community Benefits Committee (e.g., adding, modifying or eliminating a strategy). Further, as Mass. Eye and Ear's relationship with the Mission Hill neighborhood is newly-established, we anticipate that opportunities for our involvement in that community will emerge over the life of this three-year plan. With agreement from a majority of the Committee, the plan will be modified accordingly.

A. Developing Community Benefit Plan Goals

The CB Working Group reviewed the unmet needs identified during the assessment, including those identified in Mission Hill, and determined that they were consistent with the existing goals of Mass. Eye and Ear's community benefits plan. The Community Benefit Committee re-affirmed the existing goals. The six goals are to:

1. Improve vision among members of Mass. Eye and Ear's designated community and target populations by ensuring access to the information, support, screening and clinical services they need to prevent and address vision problems.

2. Improve hearing among members of Mass. Eye and Ear's designated community and target populations by ensuring access to the information, support, screening and clinical services they need to prevent and address hearing problems.
3. Ensure that survivors of domestic violence who experience severe injury to the head or neck as a result of partner abuse receive clinical care to improve their physical and emotional well-being.
4. Ensure that members of Mass. Eye and Ear's designated community and target population have appropriate information and emotional support related to head and neck cancers, facial paralysis, and conditions that affect smell and taste.
5. Improve access to care for members of the designated community and target populations who may not be able to get the services they need for vision, hearing or head/neck conditions due to linguistic, transportation, or financial barriers or lack of information.
6. Strengthen Mass. Eye and Ear's partnership with organizations that support Mass. Eye and Ear's community benefits mission in the designated community and/or with the target populations.

In light of the assessment findings related to workforce development, the Committee decided to add a seventh goal and new set of initiatives to the hospital's community benefits plan. The new goal is to:

7. Increase job readiness opportunities for members of low-income communities and/or high risk groups.

B. Defining objectives, strategies and targets for the Community Benefits Plan

Because neither the Boston Public Health Commission nor the Massachusetts Department of Public Health collect and report data on vision, hearing and other head and neck conditions in Massachusetts communities, the CB Working Group sought guidance from other sources to develop objectives that would support the goals of the community benefits plan. The best guidance available for this purpose came from the Centers for Disease Control and Prevention. The CDC's Healthy People 2020 objectives established targets related to vision, hearing, balance, smell, taste, and voice/speech, all issues related to the services provided by Mass. Eye and Ear. Massachusetts was not among the states that collected data related to these objectives. The CB Working Group reviewed all of the relevant Healthy People 2020 objectives to understand which support the larger community benefits goals (see Appendix B). Another benefit of utilizing the Healthy People 2020 objectives is that Mass. Eye and Ear is able to make a contribution toward national public health priorities by addressing selected national objectives in Massachusetts.

The CB Working Group identified seven vision-related objectives and 10 hearing-related objectives, and developed eight additional objectives addressing the other unmet needs and access issues identified as part of the community benefits needs assessment process. These objectives align with and support Mass. Eye and Ear's community benefits plan goals.

Once the objectives were identified, the CB Working Group re-engaged other members of the Community Benefits Committee and additional internal and community partners to review the proposed

objectives, identify strategies that would lead to accomplishment of the objectives, and set targets for what could be accomplished in years one, two and three of the plan. These meetings and conversations in part focused on identifying resources (e.g., programs and services, partnerships, communication vehicles/forums) that could be used as vehicles for achieving the community benefits objectives. Given Mass. Eye and Ear's own clinical services and resources and the expertise of its partners, the CB Working Group was able to assemble a comprehensive set of strategies that fall into four categories, as described in section IV.

The CB Working Group also asked their Community Benefits colleagues and other partners to give input about targets or expected outcomes associated with each objective. With their guidance and using available data on needs and potential demand for services, as well as capacity associated with each of the community benefits strategies, the CB Working Group established targets for each of the three years of the plan.

The goals, objectives, strategies, and targets/expected outcomes for the next three years are displayed on the Massachusetts Eye and Ear Mass. Eye and Ear Community Benefits Logic Model (See Appendix C). The logic model provides a user-friendly way of explaining what we (Mass. Eye and Ear and our partners) want to accomplish (i.e., the objectives), what we will do to achieve our objectives (i.e., the strategies), and the progress we expect to make toward the objectives each year (i.e., the targets/expected outcomes).

Section IV of this document provides detail about each community benefits strategy, including descriptions of our partners, the Attorney General's community benefits categories addressed by each strategy, the communities and populations served, information about progress related to each strategy, and the community benefits resources expended to support each.

Section V provides an evaluation of the most recent year's progress toward the community benefits plan targets, including information about the extent to which those annual targets were met and our plans for improvement if needed.

IV. The Community Benefits Strategies

Mass. Eye and Ear's Community Benefits strategies for achieving its objectives and annual targets program fall into four major categories:

1. Screening and clinical services
2. Education and support
3. Access to services/resources
4. Sponsorships

Categories 1 and 2 draw on Mass. Eye and Ear's broad clinical and teaching expertise and encompass the new job readiness strategies. Category 3 responds to barriers and obstacles that limit access to services. Category 4 represents Mass. Eye and Ear's opportunity to support partners whose missions are aligned with those of Mass. Eye and Ear and who are providing services to Mass. Eye and Ear's priority patient groups and/or geographic areas.

Each category below offers a description of the associated strategies and partnerships and concludes with an At-a-Glance table that describes the number of individuals, target audience and geographic area

served, the Attorney General's Community Benefits Categories addressed, and the costs/resources expended for the reportable year for each strategy in the category. Fiscal year 2013 was year two of our three-year plan.

A. Screening and Clinical Services

Mass. Eye and Ear provides screening and clinical services to a wide range of individuals and groups, from low-income children to seniors to survivors of domestic violence. Specific initiatives are described below.

Neighborhood House Charter School (NHCS): NHCS was founded in 1995 to provide a better educational option for low-income Boston families and to incubate innovative practices that have the potential to improve public education for all students. Today, NHCS serves 400 students and is one of the most sought after schools in the city, successfully serving a diverse community of children in grades pre-K through 8 from Dorchester and surrounding Boston neighborhoods. Mass. Eye and Ear's Departments of Audiology and Ophthalmology partnered with NHCS's school nurse to offer vision and hearing screening to all students. Children who need follow-up care receive it, free if necessary, at Mass. Eye and Ear. Working with NHCS' school nurse, Mary McNulty-Anglin, we set a goal of screening all children in advance of flu season to maximize the number of children in attendance.

Camp Harbor View: Created in 2008 to offer Boston children a true summer camp experience, Camp Harbor View is an initiative of the not-for-profit Camp Harbor View Foundation, Inc. in partnership with the City of Boston and the Boys & Girls Clubs of Boston. The camp offers children ages 11 to 14 living in Boston's at-risk neighborhoods the opportunity to leave the city during the day and participate in a four-week summer camp program. Recognizing Mass. Eye and Ear's expertise in vision screening, Mayor Menino requested that Mass. Eye and Ear play a role at Camp Harbor View. Mass. Eye and Ear has been partnering with the Camp since its first season. Mass. Eye and Ear staff members traveled to Camp Harbor View to conduct on-site vision screenings and identify those in need of follow-up care.

Vision Coalition/Year Up Boston: The mission of Vision Coalition Massachusetts is to remove poor vision as an impediment to literacy, education, and a better way of life. Vision Coalition provides free vision screenings and free eyeglasses. Mass. Eye and Ear partners with Vision Coalition Massachusetts by performing full eye exams and providing medical care for participants in Year Up Boston, which the Vision Coalition identified through screening as needing vision care. Year Up serves young urban adults, providing them with the skills, experience, and support that will empower them to reach their potential through professional careers and higher education. Mass. Eye and Ear staff members give eye exams to these young adults, provide those who need them with eye glasses (which are purchased at cost by Vision Coalition), and ensure that those who need follow-up care are linked to services.

Head and Neck Cancer Screening/Lecture: Mass. Eye and Ear's Departments of ENT and Social Work collaborate to offer cancer screening to the general public and to provide support for people with oral,

head and neck cancer. Support for People with Oral, Head and Neck Cancer has a support group chapter at Massachusetts General Hospital. Mass. Eye and Ear collaborates with this group and with the Head and Neck Cancer Alliance to raise awareness during Oral, Head and Neck Cancer Awareness Week by hosting an education table.

R.O.S.E. Fund Collaboration: The R.O.S.E. Fund (Regaining One's Self Esteem) is a non-profit organization chartered to break the silence and the cycle of domestic violence and teen dating violence and abuse. Among its many activities, the R.O.S.E. Fund screens and refers to Mass. Eye and Ear survivors of domestic violence in need of reconstructive surgery. Mass. Eye and Ear's surgeons perform these life-altering surgeries free of charge.

The Legacy Project: The Legacy Project is a grassroots effort to provide support to seniors who reside in Mission Hill. Leaders of the Legacy Project reach out to seniors living in both public housing developments and to those who are living alone, providing information about services and community events. The Legacy Project also hosts a range of educational sessions and activities in its space at the Tobin Community Center. Activities range from computer classes to exercise and dance to intergenerational forums. The Legacy Project aims to build community through inclusiveness and communication, and partners with Mass. Eye and Ear in its community benefit programming for seniors.

Screening and Clinical Services At-a-Glance

Strategy	AG category	Target population	Geographic area	# served this year	Cost/resources expended this year
Neighborhood House Charter School	Promoting Wellness	Children, pre-K through 8	Boston	325 Vision 241 Hearing	\$7,912
Camp Harbor View	Promoting Wellness	Children ages 11 to 14	Boston	235	\$6,028
Vision Coalition/Year Up	Supporting Health Care Reform & Promoting Wellness	Young adults	Metro Boston	40	\$4,858
Head and Neck Cancer Screening/Table	Promoting Wellness	General public	Statewide	60	\$5,200
ROSE Fund Collaboration	Promoting Wellness	Survivors of domestic violence	Statewide	Note: this year no ROSE Fund patients were referred by the organization	
Mission Hill screening (hearing)	Promoting Wellness	Seniors	Mission Hill	Note: unable to organize.	

				Total expended for category:	\$23,998

B. Education and Support

Mass. Eye and Ear’s clinicians and social workers deliver education and support to individuals coping with various medical conditions or challenges (e.g., sinusitis, hearing loss, vision loss, facial paralysis) and also reach out to providers who interact with seniors across the Commonwealth. Details on these educational and support strategies are presented below.

Public Forum on Hearing and Hearing Loss: Members of Mass. Eye and Ear’s Audiology Department presented its 13th anniversary *Have You Heard?* Public Forum featuring educational sessions and lectures on hearing and hearing loss. This year’s sessions focused on the medical and surgical management of hearing loss, audiologic evaluation and management of hearing loss, and scientific advances in understanding hearing and hearing loss. Targeting the general public, and especially seniors and individuals with hearing loss, the event was publicized via community papers and through Mass. Eye and Ear partnership with the Massachusetts Council on Aging. Mass. Eye and Ear surveys forum participants and will use their suggestions to develop the educational program for next year.

Public Forum on Conditions that Affect Smell and Taste: This year, members of Mass. Eye and Ear’s Department of ENT offered a series of lectures on sinusitis. Targeting the general public, and especially seniors, the event was publicized via community papers and via Mass. Eye and Ear’s partnership with the Massachusetts Commission on Aging.

Boston Cured Cancer Club Support Group: The Boston Cured Cancer Group for Laryngectomees supports the rehabilitation of laryngectomees and helps offer understanding to patients and their loved ones. Mass. Eye and Ear has a strong collaborative relationship with this organization, providing meeting space and speakers for the groups. The Boston Cured Cancer Group comes and meets with new laryngectomees, providing support to Mass. Eye and Ear patients. Participants in the groups, mostly older people, are largely from Metro Boston, but some come from greater distances.

Facial Paralysis Support Group: The Facial Paralysis Support Group is a forum for individuals with facial paralysis and those close to them to meet and share their experiences and to discuss support, treatment, coping and self image. Mass. Eye and Ear hosts this group monthly, providing meeting space and social work and physician support. While the group is open to all individuals with facial paralysis and their families, participants are generally from Metro Boston. Mass. Eye and Ear publicizes the support group via social media and through a partnership with the Facial Paralysis Support Network.

Glaucoma Support Group: The Glaucoma Foundation funds groundbreaking research and educates the public about glaucoma and the importance of early detection to prevent blindness. The New England Chapter of the Glaucoma Foundation hosts a support group for people with glaucoma, their caregivers, professionals, and others dedicated to improving the lives of those with this disease. Mass. Eye and Ear partners with the Glaucoma Foundation to provide free meeting space and publicity. Members of Mass. Eye and Ear’s Department of Ophthalmology are available as speakers for the group. Mass. Eye and Ear

helps promote the group by distributing flyers in the hospital's clinics. Attendees are generally seniors from Metro Boston.

Hear @ Boston: Hear@Boston, a chapter of the Hearing Loss Association of America, is a community organization that helps empower people who have hearing loss by facilitating opportunities for social engagement, education and skill development. Mass. Eye and Ear donates monthly meeting space and Mass. Eye and Ear clinicians serve as speakers for meetings and events. Many of Hear@Boston's members are young professionals between the ages of 20 and 45, but the group encourages people of all ages to join.

Mission Hill Community Health Fair: Mass. Eye and Ear, Longwood, was out in full force at the Mission Hill Community Health Fair, an annual wellness event. Mass. Eye and Ear provided safety tips for hearing and vision protection and learned about disease prevention.

Thyroid Eye Disease Support Group: The Massachusetts Eye and Ear offers a Thyroid Eye Disease (Graves' Disease) support group, which will allow members to express their concerns about this chronic illness to help form a social connection with others and improve coping skills. The open forum gives members the opportunity to exchange information about Graves' disease and gives physician speakers a chance to inform members of the latest treatments. Mass. Eye and Ear donates meeting space for this group, which meets quarterly.

Vision Rehabilitation: In the area of vision rehabilitation education, Mass. Eye and Ear staff responded to a number of requests from organizations serving seniors to provide supportive education related to vision rehabilitation.

Dress for Success: The mission of Dress for Success Boston is to promote the economic independence of disadvantaged women. Mass. Eye and Ear makes an annual donation to this organization to help advance its efforts in workforce development among low-income women.

1 Touch: Mass. Eye and Ear provided facilities and support for this organization's special self-defense group that enables the blind and visually impaired to defend themselves and navigate the world with confidence.

Internships/Coops: Mass. Eye and Ear provides internships and coops to help get young people interested in health care so they can better care for their communities. Partners include the PIC program, John Hancock, YMCA Training, Inc, Northeastern University.

The Tobin Community Center: The Tobin Community Center is one of 35 Boston Center for Youth and Families facilities which are located in every neighborhood in Boston. The Center provides recreational space and activities for youth and families, including basketball courts, workout space, a daycare facility, career learning center and a diverse range of programs and activities for all interests. The mission of BCYF is to enhance the quality of life for Boston's residents by supporting children, youth and families through a wide range of programs and services. The Center hosts Mass. Eye and Ear educational sessions.

Mission Hill Youth Collaborative: The Mission Hill Youth Collaborative is a grassroots coalition of community-based organizations and institutions that promotes the well-being of the neighborhood's young people and their families through collaborative activities. MHYC brings together youth-serving

organizations and institutions to address the needs of the community in light of changing economic and social conditions as well as institutional expansion. The members have advocated for more effective programming, improved resources, and built a support network for the Mission Hill youth workers, youth, and their families.

John Hancock MLK Summer Scholars: The MLK Summer Scholars program addresses a critical need in the City of Boston – summer jobs for youth. Mass. Eye and Ear hires young people each summer. In addition to the experience gained on the job, interns get additional support through participation in weekly job readiness and life skills workshops. Mass. Eye and Ear provides a summer job to one MLK Scholar each summer.

Boston Private Industry Council (PIC): The PIC is a public-private partnership that connects business, schools, government, labor, and community organizations to create innovative workforce solutions. PIC helps businesses develop the workforce they need and Boston residents gain access to career opportunities and higher incomes. The PIC connects youth and adults with education and employment opportunities. Mass. Eye and Ear hires 12 PIC students as summer interns.

Education and Support Strategies At-a-Glance

Strategy	AG category	Target population	Geographic area	# served this year	Cost/resources expended this year
Public Forum on Hearing and Hearing Loss	Promoting Wellness	General Public, especially seniors and those with hearing loss	Statewide	120	\$12,900
Public Forum on Conditions that Affect Smell & Taste	Promoting Wellness	General Public, especially seniors	Statewide	55	\$6,608
Boston Cured Cancer Club Support Group for Laryngectomees	Promoting Wellness	Persons who have had Laryngectomies, primarily seniors	Primarily metro Boston with some statewide participants	65	\$3,200
Facial Paralysis Support Group	Promoting Wellness	Individuals with facial paralysis and their families	Primarily metro Boston with some statewide participants	125	\$1,700
Glaucoma Support Group	Promoting Wellness and Chronic Disease	Individuals with Glaucoma, primarily seniors	Primarily metro Boston with some statewide participants	150	\$1,700
Hear@Boston	Promoting Wellness	General public but especially adults, ages 20-45	Metro Boston	50	\$2,500

Internships/coops	Education/	Boston Youth	Boston	29	\$23,710
Thyroid Eye Disease/Graves' Disease Support Group	Promoting Wellness	General Public	Statewide	80	\$1,700
Vision Rehabilitation	Promoting Wellness	Senior	Metro Boston/Boston	100	\$700
Dress for Success	Promoting Wellness	Low income adult women	statewide	N/A	\$175
1 Touch	Promoting Wellness	Those with visual impairment	Statewide	9	\$400
Mission Hill Prevention Education	Promoting Wellness	Youth	Mission Hill		
				Total expended for category:	\$55,293

C. Access to services/resources

This category describes Mass. Eye and Ear strategies to make services and resources available to individuals who might not otherwise be able to access them.

Transportation for Needy Patients: Mass. Eye and Ear provides free taxi transportation for patients and families in emergency situations.

Free Eyeglasses Program: Social work staff, patient financial counselors, and Optical Shop staff collaborate to provide free glasses to Mass. Eye and Ear patients who meet income and other eligibility guidelines and are unable to pay for glasses.

Consultation for Non-Mass. Eye and Ear Patients: Mass. Eye and Ear's social work staff provides information and referral for financial resources, vision and hearing resources, homecare, and education to non-Mass. Eye and Ear patients.

Social Work Consultations for Patients Needing Financial Assistance: The staff from Mass. Eye and Ear's Department of Social Work assists patients in securing lodging, meal vouchers, parking vouchers, and other small necessities that make it possible for patients and families to receive treatment at Mass. Eye and Ear.

Financial Counseling Assistance: The hospital's financial counselors work with patients to assess insurance coverage, identify coverage options for which the un/under-insured may be eligible, and to provide assistance in applying for and accessing coverage.

Howe Library: Mass. Eye and Ear’s research library staff assists patients who are seeking information about their medical conditions. Services include computer searching and retrieval of articles, finding books for users, and providing computers, copiers, printers, and assistance to people in using them.

The Hearing Aid Center: The Mass. Eye and Ear Hearing Aid Center provides support, including education and equipment, to patients with hearing loss. For patients who meet income guidelines, these services are provided at no charge or at a reduced rate.

Free Parking: Mass. Eye and Ear offers free parking to patients and their families that enables them to come for care and participate in support groups, such as the Glaucoma Support Group and Hear @ Boston.

Charitable Care: Each year, Mass. Eye and Ear provides free or discounted care to patients who are unable to cover the full cost of the services they utilize. This year the hospital provided \$in free or discounted care to patients that meet Mass. Eye and Ear’s Financial Assistance Policy.

Access to Services/Resources At-a-Glance

Strategy	AG category	Target population	Geographic area	# served this year	Cost/resources expended this year
Transportation for Needy Patients	Promoting Wellness	Low Income patients/families	Metro Boston	163	\$9,679
Free Eyeglasses Program	Promoting Wellness	Low income patients	Statewide	85	\$13,863
Consultations for Non-Mass. Eye and Ear Patients	Promoting Wellness	General public, especially low income patients/families	Statewide	30	\$6,100
Social Work Consultations for Patients Needing Financial Assistance	Promoting Wellness	Low income patients/families	Statewide	26	\$6,851
Financial Counseling	Supporting Health Care Reform	Un/under-insured patients	Statewide	4,500	\$190,362
Howe Library	Promoting Wellness	General public	Statewide	36	\$888
Hearing Aid Center	Promoting Wellness	Low income patients, aged 70 and over	Statewide	0 *	\$0
Free Parking	Promoting	Patients/families	Statewide	860	\$6,884

	Wellness	& for local non-profit			
				Total expended for category:	\$234,627

* NOTE: We were able to find appropriate coverage for all patients who needed assistance in securing hearing aids therefore no hospital resources were expended

We make every effort to identify appropriate insurance coverage for our patients and to help them access the coverage for which they are eligible. However, each year Mass. Eye and Ear extends care to patients that is not fully reimbursed. In 2013 our Net Charity Care totaled \$2,412,274, which includes the Health Safety Net (HSN) Assessment and Shortfall, HSN denied claims, and free or discounted care provided to patients that meet Mass. Eye and Ear's Financial Assistance Policy. The Net Charity Care provided each year is a reflection of Mass. Eye and Ear's and the Community Benefits Committee's commitment to the delivery of high-quality care to our patients and is an important strategy for ensuring access to care in our community benefits plan. Below, detail related to the hospital's Net Charity Care, total revenue, total patient care related expenses, and bad debt is provided.

FY 2013

1) 2,412,273 Net Charity Care

- a. 1,959,559 Health Safety Net (HSN) Assessment and Shortfall
1,899,848 HSN invoice liability & shortfall
- b. 59,711 FY 2011 DHCFP Assessment (expensed to dept # 7150-0019)
153,482 Cost of HSN denied Claims
388,244 Denied claim charges
45.38% DHCFP Cost to Charge Ratio
- c. 299,232 Free or discounted care provided to patients that meet Infirmary's Financial Assistance Policy

	<u>Description</u>	<u>Adjust Code</u>
80	30,723 A SELF PAY DISCOUNT ALLOW	9702499
	A COMMUN BENEFIT FREE CARE	9702531
70,265	A CHARITY CARE ADJUSTMENT	9705815
106,834	A INTERNATIONAL MEDICAL HARDSHIP	9700510
451,548	A MEDICAL HARDSHIP 100% DISCOUNT OF CHG	9700502
0	A MEDICAL HARDSHIP 54% DISCOUNT OF CHG	9700501
0	A MEDICAL HARDSHIP 77% DISCOUNT	9700503

	OF CHG	
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2)	148,272,191	Net Patient Service Revenue	(D403, Schedule VA, Column 2, line 52.01)
3)	163,617,360	Total Patient Care Related Expenses	(D403, Schedule XVIII, Col 2, line 37)
4)	2,681,043	Bad Debt Costs (from Form990, Schedule H)	

D. Sponsorships

Mass. Eye and Ear designates a portion of its community benefits resources to provide financial support in the form of sponsorships to a select number of organizations whose missions align with those of Mass. Eye and Ear and its community benefits goals, including those who address issues affected the target communities and populations of the hospital's community benefit plan. Each of these organizations promotes wellness among their target population and serves people from across the Commonwealth. The Sponsorships are described in the At-a-Glance table below.

Sponsorships At-a-Glance –

Strategy	AG category	Target population	Geographic area	# served this year	Cost/resources expended this year
Perkins School for the Blind – Possibilities Gala	Promoting Wellness	Those with vision impairment	Statewide	N/A	\$5,000
Foundation Fighting Blindness	Promoting Wellness	Those with vision impairment	Statewide	N/A	\$5,000
Mission Hill Road Race	Promoting Wellness	General public in Mission Hill	Mission Hill	N/A	\$1,000
Mission Hill Main Street	Promoting wellness	General public in Mission Hill	Mission Hill		\$2,500
BWH Women’s Health Center “Sleepless” event	Promoting wellness	General public	Boston	N/A	\$1,000
Mattapan Community Health Center “Rock the boat	Promoting wellness	Boston residents	Boston	N/A	\$1,500
Community Servings/Lifesaver 2013	Promoting wellness	Boston	Boston	NA	\$1,500
United Way	Promoting wellness	Boston	Statewide	N/A	\$5,000
MITTS	Promoting wellness	Boston	Boston	N/A	\$2,500
Walk 4 Hearing	Promoting Wellness	Hearing Impaired	Boston	N/A	\$1,500
Mass. Association for	Promoting	Vision impaired	Boston	N/A	\$500

the Blind “Blindfold Challenge”	Wellness				
Mass. Coalition for the Prevention of Medical Errors	Promoting Wellness	General public	New England	N/A	\$1,500
				Total expended for category:	\$28,500

V. Total Annual Expenditures and Evaluation Findings

As detailed below, Mass. Eye and Ear’s total annual community benefits expenditure is

Salaries of staff devoted to community benefits activities	\$110,513
Cost of community benefits programs outlined above	\$342,418
Cost of community benefits needs assessment	N/A
Net Charity Care	\$2,412,273
Total FY2013 Community Benefits Expenditure:	\$2,865,204

Although we understand that the FY2013 bad debt figure of \$2,681,043 cannot be included in the total annual community benefits expenditure, we have opted to report the amount because, along with our Net Charity Care, it provides a more accurate picture of the extent of “charitable” or non-reimbursed care provided in FY2013 at Mass. Eye and Ear. Mass. Eye and Ear complies with all 12 debt collection practices outlined by the Attorney General’s Office as requirements for reporting bad debt in the annual community benefits report.

Mass. Eye and Ear’s strategies proved successful at achieving our annual targets and supporting our community benefits objectives. The following tables display the expected outcomes/targets established for the year and describe our progress in meeting those targets. In most cases, targets were either met or exceeded. In cases in which targets were not been met, information is provided to explain why our progress fell short of the targets and to describe our quality improvement plans, if needed, to ensure that we are able to meet our targets moving forward.

Vision Targets

Expected outcome/target	Annual progress	Explanation/QI plans
1.1 Over 500 children and adolescents will be screened for visual impairments and follow up care will be offered to 100% those who need it.	Target exceed – 560 children and adolescents were screened	None needed
1.2 At least 50 people who require eyeglasses but who cannot afford them will receive them for free.	Target exceeded ---130 people received eyeglasses from the Free Eyeglasses program	None needed
1.3 At least 50 young adults will receive comprehensive eye exams.	Target missed - - 40 young adults receive exams through Vision Coalition.	None needed
1.4 100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral	Target met - All who needed follow up were offered care or referral	None needed
1.5 At least 50,000 people from the general public will have access to information about visual impairments and measures to reduce them.	Target met, through wellness activities, health fairs, website	None needed
1.6 50,000 people will have access to information about glaucoma and at least 50 will receive support for and education about glaucoma	Target met on access to info. Target missed – 43 received education from annual glaucoma support group.	None needed -- This group disbanded mid-
1.7 Educate 500 seniors and their potential caregivers about rehab services.	Target exceeded – More than 500 seniors and caregivers were educated through various activities.	None needed
1.8 Provide self-defense training to at least 10 individuals with blindness or vision impairment.	Target missed. Group disbanded	None needed
1.19		

Hearing Targets

Expected outcome/target	Annual progress	Explanation/QI plans
1.1 Educate at least 100 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	Target met. 120 adults received this education at the Public Forum	Our public forum very well attended. We partnered with Hear@Boston to increase attendance in fy2014.
1.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and	Target exceeded –50 individuals regularly attended the Hear@Boston	None needed

available treatments and technologies.	group and received support and information	
1.3 10 adults who are 70 or over who have never used a hearing aid will receive one.	Target met. Although we did not provide any free hearing aids, anyone who needed one was worked with to obtain benefits for which he or she was qualified. No hearing aids had to be financed by the hospital.	None needed
1.4 At least 500 adults and potential caregivers will have access to information about the importance of and resources for regular hearing examinations.	Target met- at least 500 adults and caregivers had access to such resources	None needed
1.5 At last 150 children will have a hearing examination.	Target exceeded – 240 children received hearing exams at the Neighborhood House.	None needed
1.6 100% of those screened for hearing loss who need a referral for evaluation and treatment will be offered one.	Target met – all who needed evaluation or treatment were offered a referral	None needed
1.7 100% of those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	Target met – all who needed evaluation or treatment were offered a referral	None needed
1.8 At least 50,000 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	Target exceeded – via various activities and our website efforts.	None needed
1.9 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	Target exceeded –50 people regularly attend the Hear@Boston group where this information is discussed.	None needed
1.10 At least 10 individuals will receive information about tinnitus and the resources to treat it.	Target exceeded – 50 people regularly attend the Hear@Boston group where this information is discussed.	None needed

Other Targets

Expected outcome/target	Annual progress	Explanation/QI plans
1.1 At least one individual will receive reconstructive surgery to address injuries caused by domestic violence	Target missed -- this group did not refer any patients	Hospital did not receive any referrals from the R.O.S.E. in FY13
1.2 At least 5 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.	Target exceeded – 50people attended the Public Forum in which information was presented	None needed
1.3 At least 50 people will be screened for head/neck cancer.	Target missed –45 people were screened at the Head and Neck Cancer Screening/Table.	We allocated space for 50 patients, only 45 signed.

1.4 25 individuals affected by head/neck cancer will receive support and information about their condition and resources to address it.	Target exceeded –45 people received support and information at the Boston Cured Cancer group	None needed
1.5 100 individuals affected by facial paralysis will receive support and information about their condition and available resources.	Target exceeded –125people received support and information through the Facial Paralysis Support Group	None needed
1.6 300 people who need assistance with transportation will receive taxi vouchers.	Target met - 300 received taxi vouchers	None needed
1.7 50 Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources.	Target missed – 30 people received assistance securing resources	We believe more people have access to the internet and are handling these needs by themselves. We assisted all who requested assistance.
1.8 At least 20 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources	Target exceeded – approximately 30 non-Mass. Eye and Ear patients received assistance	None needed
1.9 Financial counseling services will be provided to at least 3,500 un/under-insured patients who need help identifying and accessing coverage for which they may be eligible.	Target exceeded – Financial Counselors assisted 4,300 patients who needed help identifying and accessing appropriate coverage	None needed
1.10 Anyone who requires information about a clinical condition or service will be assisted in securing the information they need.	Target met – Howe Librarians provided assistance to anyone who requested help in securing a resource	None needed
1.11 At least 2,500 people who require free parking will receive it.	Target missed –860 people received free parking. We lost control of our parking lot lease and no longer provide free parking to some community groups.	We will adjust target for next year since we do not have control over the lots any more.
1.12 A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.	Target met	None needed
1.13 Provide job readiness support to at-risk and/or low-income individuals.	Target met	None needed

Appendix A

The Massachusetts Eye and Ear Infirmary Community Benefits Committee

1. Missy Allen (Manager, Mass. Eye and Ear Facial and Cosmetic Surgery Service)
2. Dawn Baxter, M.B.A.* (Independent Consultant)
3. Linda Benson (Medical Administrative Coordinator, Mass. Eye and Ear Otolaryngology)
4. Dr. Mary Lou Jackson (Director, Mass. Eye and Ear Vision Rehabilitation Service)
5. Pat Carleton (Mass. Eye and Ear Social Work)
6. Vanessa Carrington* (Coordinator, Public Affairs, Mass. Eye and Ear)
7. Lynne Davis (Clinical Associate, Mass. Eye and Ear Audiology)
8. Leslie Dennis* (Development Office, Mass. Eye and Ear)
9. Diana Keller (Manager, Mass. Eye and Ear Human Resources)
10. Hope Kenefick, M.S.W., Ph.D.* (Independent Consultant)
11. Mary Leach* (Director, Public Affairs, Mass. Eye and Ear)
12. Tom Merrill (Manager, Mass. Eye and Ear Optical Shop)
13. Cristin Monaco* (Project Manager, Mass. Eye and Ear Network Development)
14. Drs. Peter Veldman and Yewlin Chee (Former Chief Resident and Current Chief Resident, Ophthalmology)
15. Sue Sproviero (Manager, Mass. Eye and Ear Ophthalmology)
16. Jennifer Street* (Vice President, Communications and Planning, Mass. Eye and Ear)

(* indicates members of Community Benefits Working Group)

Appendix B: Healthy People 2020 Objectives for Vision, Hearing and other Conditions of the Head and Neck

Vision

- V-1: Increase the proportion of preschool children aged 5 years and under who receive vision screening.
- V-2: Reduce blindness and visual impairment in children and adolescents aged 17 years and under.
- V-3: Reduce occupational eye injuries.
 - V-3.1 Reduce occupational eye injuries resulting in lost work days.
 - V-3.2 Reduce occupational eye injuries treated in emergency departments (EDs).
- V-4: Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the past 2 years.
- V-5: Reduce visual impairment.
 - V-5.1: Reduce visual impairment due to uncorrected refractive error.
 - V-5.2: Reduce visual impairment due to diabetic retinopathy.
 - V-5.3: Reduce visual impairment due to glaucoma.
 - V-5.4: Reduce visual impairment due to cataract.
 - V-5.5: Reduce visual impairment due to age-related macular degeneration (AMD).
- V-6: Increase the use of personal protective eyewear in recreational activities and hazardous situations around the home.
 - V-6.1 Increase the use of personal protective eyewear in recreational activities
 - V-6.2 Increase the use of protective eyewear in recreational activities and hazardous situations around the home among adults aged 18 years and older.
- V-7: Increase vision rehabilitation.
 - V-7.1 Increase the use of vision rehabilitation services by persons with visual impairment.
 - V-7.2 Increase the use of assistive and adaptive devices by persons with visual impairment.
- V-8 (Developmental) Increase the proportion of Federally Qualified Health Centers (FQHCs) that provide comprehensive vision health services.

Newborn Hearing Screening

ENT VSL

- 1** Increase the proportion of newborns who are screened for hearing loss by no later than age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services no later than age 6 months

ENT VSL

- 1.1 Increase the proportion of newborns who are screened for hearing loss no later than age 1 month

ENT-

- VSL-1.2 Increase the proportion of newborns who receive audiologic evaluation no later than age 3 months for infants who did not pass the hearing screening

ENT-

- VSL-1.3 Increase the proportion of infants with confirmed hearing loss who are enrolled for intervention services no later than age 6 months

Ear Infections (Otitis Media)

- ENT-VSL-2** Reduce otitis media in children and adolescents

Hearing

ENT-

- VSL-3** Increase the proportion of persons with hearing impairments who have ever used a hearing aid or assistive listening devices or who have cochlear implants
- ENT-
VSL-3.1 Increase the proportion of adults aged 20 to 69 years with hearing loss who have ever used a hearing aid
- ENT-
VSL-3.2 Increase the proportion of persons who are deaf or very hard of hearing and who have new cochlear implants
- ENT-
VSL-3.3 Increase the proportion of adults aged 70 years and older with hearing loss who have ever used a hearing aid
- ENT-
VSL-3.4 Increase the proportion of adults aged 70 years and older with hearing loss who use assistive listening devices
- ENT-VSL-4** Increase the proportion of persons who have had a hearing examination on schedule
- ENT-
VSL-4.1 Increase the proportion of adults aged 20 to 69 years who have had a hearing examination in the past 5 years
- ENT-
VSL-4.2 Increase the proportion of adults aged 70 years and older who have had a hearing examination in the past 5 years
- ENT-
VSL-4.3 Increase the proportion of adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years
- ENT-VSL-5** Increase the number of persons who are referred by their primary care physician or other health care provider for hearing evaluation and treatment
- ENT-VSL-6** Increase the use of hearing protection devices
- ENT-
VSL-6.1 Increase the proportion of adults aged 20 to 69 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise (age adjusted to the year 2000 standard population)
- ENT-
VSL-6.2 Increase the proportion of adolescents aged 12 to 19 years who have ever used hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or noise
- ENT-VSL-7** Reduce the proportion of adolescents who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss
- ENT-VSL-8** Reduce the proportion of adults who have elevated hearing thresholds, or audiometric notches, in high frequencies (3, 4, or 6 kHz) in both ears, signifying noise-induced hearing loss

Tinnitus (Ringing in the Ears or Head)

- ENT-VSL-9** Increase the proportion of adults bothered by tinnitus who have seen a doctor or other health care professionals
- ENT-
VSL-9.1 Increase the proportion of adults bothered by tinnitus in the past 12 months who have seen a doctor
- ENT-
VSL-9.2 Increase the proportion of adults bothered by the onset of tinnitus in the past 5 years for whom it is a moderate, big, or very big problem, who have seen or been referred to an audiologist or

otolaryngologist (ENT physician)

ENT-VSL-10 Increase the proportion of adults for whom tinnitus is a moderate to severe problem who have tried appropriate treatments

Balance and Dizziness

ENT-VSL-11 Increase the proportion of adults with balance or dizziness problems in the past 12 months who have ever seen a health care provider about their balance or dizziness problems

ENT-VSL-12 Increase the proportion of adults with moderate to severe balance or dizziness problems who have seen or been referred to a health care specialist for evaluation or treatment

ENT-VSL-13 Increase the proportion of persons who have tried recommended methods for treating their balance or dizziness problems

ENT-VSL-13.1 (Developmental) Increase the proportion of children who have tried recommended methods for treating their balance or dizziness problem

ENT-VSL-13.2 Increase the proportion of adults who have tried recommended methods for treating their balance or dizziness problem

ENT-VSL-14 Reduce the proportion of adults with balance and dizziness problems who experienced negative or adverse outcomes in the past 12 months

ENT-VSL-14.1 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who reported their condition got worse or did not improve

ENT-VSL-14.2 Reduce the proportion of adults with balance and dizziness problems in the past 12 months who were prevented from doing regular activities within the home or outside

ENT-VSL-14.3 Reduce the proportion of adults who have missed days of work or school in the past 12 months because of balance and dizziness problems

ENT-VSL-15 Reduce the proportion of adults with balance and dizziness problems who have fallen and been injured

ENT-VSL-15.1 Reduce the proportion of adults with balance and dizziness problems who have fallen in the past 5 years while experiencing symptoms of dizziness, vertigo, or imbalance

ENT-VSL-15.2 Reduce the proportion of adults with balance and dizziness problems who have been injured as a result of a fall for any reason in the past 12 months

Smell and Taste (Chemosenses)

ENT-VSL-16 (Developmental) Increase the proportion of adults with chemosensory (smell or taste) disorders who have seen a health care provider about their disorder in the past 12 months

ENT-VSL-17 Increase the proportion of adults who have tried recommended methods of treating their smell or taste disorders to improve their condition in the past 12 months

ENT-VSL-18 (Developmental) Reduce the proportion of adults with chemosensory (smell or taste) disorders who as a result have experienced a negative impact on their general health status, work, or quality of life in the past 12 months

Voice, Speech, and Language

- ENT-VSL-19** (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have seen a speech-language pathologist (SLP) for evaluation or treatment
- ENT-VSL-20** (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language who have participated in rehabilitation services
- ENT-VSL-21** (Developmental) Increase the proportion of young children with phonological disorders, language delay, or other developmental language problems who have participated in speech-language or other intervention services
- ENT-VSL-22** (Developmental) Increase the proportion of persons with communication disorders of voice, swallowing, speech, or language in the past 12 months whose personal or social functioning at home, school, or work improved after participation in speech-language therapy or other rehabilitative or intervention services

Appendix C. Massachusetts Eye and Ear Infirmiry Community Benefits Logic Model:

Vision Goal: Improve vision among members of Mass. Eye and Ear’s designated community and target populations by ensuring access to the information, support, screening and clinical services they need to prevent and address vision problems.

Vision Objectives (The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)	Strategies to achieve objectives				Annual vision targets and expected outcomes		
	Screening and Clinical Services	Education and Support	Access to Services/ Resources	Sponsorships	Year 1	Year 2	Year 3
1. Reduce blindness and visual impairment in children and adolescents aged 17 years and under (V2)	(1) Neighborhood House (2) Camp Harbor View (3) Vision Coalition		(1) Free Eyeglasses		1.1 Over 500 children and adolescents will be screened for visual impairments and follow up care will be provided to 100% those who need it. 1.2 At least 50 people who require eyeglasses but who cannot afford them will receive them for free.	1.1 Over 500 children and adolescents will be screened for visual impairments and follow up care will be provided to 100% those who need it. 1.2 At least 50 people who require eyeglasses but who cannot afford them will receive them for free.	1.1 Over 500 children and adolescents will be screened for visual impairments and follow up care will be provided to 100% those who need it. 1.2 At least 50 people who require eyeglasses but who cannot afford them will receive them for free.
2. Increase the proportion of adults who have had a comprehensive eye examination, including dilation, within the last 2 years (V4)	(1) Vision Coalition (2) Mission Hill screening of seniors				1.3 At least 50 young adults and 25 seniors will receive comprehensive eye exams.	1.3 At least 50 young adults and 25 seniors will receive comprehensive eye exams.	1.3 At least 50 young adults and 25 seniors will receive comprehensive eye exams.
3. Reduce visual impairment due to uncorrected refractive error (V5.1)	(1) Vision Coalition (2) Neighborhood House (3) Camp Harbor View		(1) Free Eyeglasses		1.4 100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral See target 1.2	1.4 100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral See target 1.2	1.4 100% of those among the children and adults screened will be offered follow up care at Mass. Eye and Ear or by appropriate referral See target 1.2
4. Increase awareness of measures to reduce visual impairment related to diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration (V5.2-V5.5)		(1) MCOA			1.5 At least 500 providers of care to seniors will have access to information about visual health needs of seniors and the services available to address such conditions. 1.6 At least 50,000 people from the general public will have access to information about visual impairments and measures to reduce them.	1.5 At least 500 providers of care to seniors will have access to information about visual health needs of seniors and the services available to address such conditions. 1.6 At least 50,000 people from the general public will have access to information about visual impairments and measures to reduce them.	1.5 At least 500 providers of care to seniors will have access to information about visual health needs of seniors and the services available to address such conditions. 1.6 At least 50,000 people from the general public will have access to information about visual impairments and measures to reduce them.

Vision Objectives, cont'd (The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)	Strategies to achieve objectives				Annual vision targets and expected outcomes		
	Screening and Clinical Services	Education and Support	Access to Services/ Resources	Sponsorships	Year 1	Year 2	Year 3
5. Increase support for those with vision impairment/blindness including those affected by glaucoma (V5.3)		(1) MCOA (2) Glaucoma Support Group (4) 1Touch			See targets 1.5 & 1.6 1.7 50,000 people will have access to information about glaucoma and at least 50 will receive support for and education about glaucoma 1.14 Provide self-defense training to 10 individuals with blindness or vision impairment.	See targets 1.5 & 1.6 1.7 50,000 people will have access to information about glaucoma and at least 50 will receive support for and education about glaucoma 1.14 Provide self-defense training to 10 individuals with blindness or vision impairment.	See targets 1.5 & 1.6 1.7 50,000 people will have access to information about glaucoma and at least 50 will receive support for and education about glaucoma 1.14 Provide self-defense training to 10 individuals with blindness or vision impairment.
6. Increase awareness of the types of available personal protective eyewear and the importance of its use in recreational activities and hazardous situations around the home among children and adolescents aged 6 to 17 years and among adults 18 years and over (V6)		(1) Boomer/Senior Expo			1.8 At least 50,000 people will have access to information about the importance of personal protective eyewear	1.8 At least 50,000 people will have access to information about the importance of personal protective eyewear	1.8 At least 50,000 people will have access to information about the importance of personal protective eyewear
7. Increase awareness of the importance of vision rehabilitation and available services and assistive and adaptive devices among people with visual impairments (V7)		(1) MCOA (2) Vision Rehab (3) Glaucoma Support Group (4) Boomers/Seniors Expo			See targets 1.5, 1.6 & 1.7 1.9 Educate 500 seniors and their caregivers about rehab services.	See targets 1.5, 1.6 & 1.7 1.9 Educate 500 seniors and their caregivers about rehab services.	See targets 1.5, 1.6 & 1.7 1.9 Educate 500 seniors and their caregivers about rehab services.

Hearing Goal: Improve hearing among members of Mass. Eye and Ear’s designated community and target populations by ensuring access to the information, support, screening and clinical services they need to prevent and address hearing problems.

Hearing Objectives: <i>(The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)</i>	Strategies to achieve objectives				Annual hearing targets and expected outcomes		
	Screening and Clinical Services	Education and Support	Access to Services/ Resources	Sponsorships	Year 1	Year 2	Year 3
1. Increase awareness among adults with hearing loss and those who are deaf or very hard of hearing of the available technology for improving auditory functioning (ENT-VSW-3)		(1) Public Forum on Hearing & Hearing Loss			1.1 Educate at least 100 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	1.1 Educate at least 100 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning	1.1 Educate at least 100 adults with hearing loss or who are deaf or hard of hearing about available technology for improving auditory functioning
2. Increase support to adults with hearing loss and those who are deaf or very hard of hearing (ENT-VSL-3)		(1) Hear@Boston			1.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies.	1.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies	1.2 10 adults who are deaf or very hard of hearing will receive support and information about their conditions and available treatments and technologies
3. Increase the proportion of adults who are 70 years and older with hearing loss who have ever used a hearing aid (ENT-VSL-3.3)			(1) Hearing Aid Center		1.3 10 adults who are 70 or over who have never used a hearing aid will receive one.	1.3 10 adults who are 70 or over who have never used a hearing aid will receive one.	1.3 10 adults who are 70 or over who have never used a hearing aid will receive one.
4. Increase the proportion of adults who are 70 years and older with hearing loss who use assistive listening devices (ENT-VSL-3.4)			(1) Hearing Aid Center		See target 1.3	See target 1.3	See target 1.3
5. Increase awareness of the importance of and resources for regular hearing examinations (ENT-VSL-4)		(1) Public Forum on Hearing & Hearing Loss (2) MCOA			1.4 At least 500 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.	1.4 At least 500 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.	1.4 At least 500 adults and caregivers will have access to information about the importance of and resources for regular hearing examinations.
6. Increase the proportion of adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years (ENT-VSL-4.3)	(1) Neighborhood House				1.5 At least 150 children will have a hearing examination.	1.5 At least 150 children will have a hearing examination.	1.5 At least 150 children will have a hearing examination.

Hearing Objectives, cont'd: (The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)					Year 1	Year 2	Year 3
	Screening and Clinical Services	Education and Support	Access to Services/ Resources	Sponsorships			
7. Increase the number of persons who are referred by their primary care provider or other health care provider for hearing evaluation and treatment (ENT-VSL-5)	(1) Neighborhood House	(1) Hear@Boston			1.6 100% of those screened for hearing loss who need a referral for evaluation and treatment will be offered one. 1.7 100% of those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	1.6 100% of those screened for hearing loss who need a referral for evaluation and treatment will be offered one. 1.7 100% of those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.	1.6 100% of those screened for hearing loss who need a referral for evaluation and treatment will be offered one. 1.7 100% of those receiving support for a hearing loss issue who need a referral for evaluation and treatment will be offered one.
8. Increase awareness of the causes of noise-induced hearing loss and the importance of hearing protection (earplugs, earmuffs) when exposed to loud sounds or noises for adolescents aged 12 to 19 and adults aged 20 to 69 (ENT-VSL-6)		(1) HF Expo (2) Public Forum on Hearing & Hearing Loss (3) Hear@Boston (4) Mission Hill Youth			1.8 At least 50,000 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	1.8 At least 50,000 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.	1.8 At least 50,000 individuals will have access to information about the causes of noise-induced hearing loss and the importance of hearing protection among adolescents and adults.
9. Increase awareness of the importance of and resources for screening newborns for hearing loss by no later than age 1 month. (ENT-VSL-1)		(1) Hear@Boston			1.9 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	1.9 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.	1.9 At least 10 individuals will receive information about the importance of and resources for screening newborns for hearing loss by the age of 1 month.
10. Increase awareness of tinnitus and the resources to treat it (ENT-VSL-9)		(1) Hear@Boston			1.10 At least 10 individuals will receive information about tinnitus and the resources to treat it.	1.10 At least 10 individuals will receive information about tinnitus and the resources to treat it.	1.10 At least 10 individuals will receive information about tinnitus and the resources to treat it.

Additional Goals:

- Ensure that survivors of domestic violence who experience severe injury to the head or neck as a result of partner abuse receive clinical care to improve both their physical and emotional well-being.
- Ensure that members of Mass. Eye and Ear's designated community and target populations have appropriate information and emotional support related to head and neck cancers, facial paralysis, conditions that affect smell and taste.
- Improve access to care for members of the designated community and target populations who may not be able to get the services they need for vision, hearing or head/neck conditions due to linguistic, transportation, or financial barriers or lack of information.
- Strengthen Mass. Eye and Ear's partnership with organizations that support Mass. Eye and Ear's community benefits mission in the designated community and/or with the target populations.
- Increase job readiness opportunities for members of low-income communities and/or high risk groups.

Other objectives: <i>(The number of the HP2020 objective(s) to which objective corresponds noted in parenthesis)</i>	Strategies to achieve objectives				Annual targets and expected outcomes for other objectives		
	Screening and Clinical Services	Education and Support	Access to Services/ Resources	Sponsorships	Year 1	Year 2	Year 3
1. Provide surgical and follow-up care to address facial injuries that result from domestic violence (none)	(1) ROSE Fund				1.1 At least one individual will receive reconstructive surgery to address injuries caused by domestic violence	1.1 At least one individual will receive reconstructive surgery to address injuries caused by domestic violence	1.1 At least one individual will receive reconstructive surgery to address injuries caused by domestic violence
2. Increase awareness of conditions affecting smell/taste and the interventions available to address these problems. (ENT-VSL-16)		(1) Public Forums on smell & taste related issues (e.g., sinusitis)			1.2 At least 5 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.	1.2 At least 5 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.	1.2 At least 5 individuals will receive information about conditions that affect smell and taste and the interventions available to address them.
3. Increase awareness of head/neck cancer and detect and refer those affected by head and neck cancer to appropriate care (none)	(1) Head & Neck Cancer Screening & Lecture	(1) Boston Cured Cancer Club Support Group			1.3 At least 30 people will be screened for head/neck cancer. 1.4 25 individuals affected by head/neck cancer will receive support and information about their condition and resources to address it.	1.3 At least 30 people will be screened for head/neck cancer. 1.4 25 individuals affected by head/neck cancer will receive support and information about their condition and resources to address it.	1.3 At least 30 people will be screened for head/neck cancer. 1.4 25 individuals affected by head/neck cancer will receive support and information about their condition and resources to address it.
4. Increase support to those affected by head/neck cancer (none)		(1) Boston Cured Cancer Club Support Group			See target 1.4	See target 1.4	See target 1.4
5. Increase support to those with facial paralysis (none)		(1) Facial Paralysis Support Group			1.5 100 individuals affected by facial paralysis will receive support and information about their condition and available resources.	1.5 100 individuals affected by facial paralysis will receive support and information about their condition and available resources.	1.5 100 individuals affected by facial paralysis will receive support and information about their condition and available resources.

Other objectives, cont'd:	Strategies to achieve objectives				Annual targets and expected outcomes for other objectives		
	Screening and Clinical Services	Education and Support	Access to Services/Resources	Sponsorships	Year 1	Year 2	Year 3
6. Decrease barriers to care caused by language, lack of transportation, lack of or insufficient insurance coverage, and lack of knowledge about health conditions and available resources (none)			(1) Transportation for Needy Patients; (2) Social Work Consultations for Patients Needing Financial Assistance (3) Financial Counseling (4) Consultations for Non-Mass. Eye and Ear patients (5) Howe Library (6) Free Parking		<p>1.6 300 people who need assistance with transportation will receive taxi vouchers.</p> <p>1.7 30Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources.</p> <p>1.8 At least 20 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources</p> <p>1.9 3,500 un/under-insured patients who require assistance in identifying and accessing coverage for which they may be eligible are offered financial counseling services.</p> <p>1.10 Anyone who requires information about a clinical condition or service will be assisted in securing the information they need.</p> <p>1.11 At least 2,500 people who require free parking will receive it.</p>	<p>1.6 300 people who need assistance with transportation will receive taxi vouchers.</p> <p>1.7 30Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources.</p> <p>1.8 At least 20 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources</p> <p>1.9 3,500 un/under-insured patients who require assistance in identifying and accessing coverage for which they may be eligible are offered financial counseling services.</p> <p>1.10 Anyone who requires information about a clinical condition or service will be assisted in securing the information they need.</p> <p>1.11 At least 2,500 people who require free parking will receive it.</p>	<p>1.6 300 people who need assistance with transportation will receive taxi vouchers.</p> <p>1.7 30Mass. Eye and Ear patients who need assistance with lodging, food and other vital necessities will receive help in securing those resources.</p> <p>1.8 At least 20 non-Mass. Eye and Ear patients who require information and referrals for financial resources, vision and hearing resources, home care and education will receive help in securing those resources</p> <p>1.9 3,500 un/under-insured patients who require assistance in identifying and accessing coverage for which they may be eligible are offered financial counseling services.</p> <p>1.10 Anyone who requires information about a clinical condition or service will be assisted in securing the information they need.</p> <p>1.11 At least 2,500 people who require free parking will receive it.</p>

Other objectives, cont'd:	Strategies to achieve objectives				Annual targets and expected outcomes for other objectives		
	Screening and Clinical Services	Education and Support	Access to Services/Resources	Sponsorships	Year 1	Year 2	Year 3
7. Provide financial support to organizations that directly address Mass. Eye and Ear objectives (none)				(1) Boston Vision Walk/Foundation Fighting Blindness (2) Perkins School for the Blind (3) ROSE Fund (4) Vision 5K	1.12 A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.	2.12 A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.	3.12 A select few partners who support the Mass. Eye and Ear mission and provide resources to our target community or population will receive financial support.
8. Provide job readiness support to at-risk and/or low-income individuals (none)		(1) Internship program (2) Boston Private Industry Council (3) Mission Hill Internship (4) Back on My Feet (5) Dress for Success			1.13 Provide job readiness support to at-risk and/or low-income individuals through at least 14 internships and summer jobs for young people and support for at least two organizations that provide workforce development services and resources to at-risk adults.	1.13 Provide job readiness support to at-risk and/or low-income individuals through at least 14 internships and summer jobs for young people and support for at least two organizations that provide workforce development services and resources to at-risk adults.	1.13 Provide job readiness support to at-risk and/or low-income individuals through at least 14 internships and summer jobs for young people and support for at least two organizations that provide workforce development services and resources to at-risk adults.